


PTO/5B/08A (04-03)

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> Sheet <u>1</u> of <u>1</u>				Complete if Known: Application Number <u>10/642,275</u> Filing or 371(c) Date <u>August 18, 2003</u> First Named Inventor <u>Takenori SEKIJIMA</u> Art Unit <u>2862</u> Examiner Name <u>K. Whittington</u> Attorney Docket Number <u>36856.1106</u>		FAX RECEIVED FEB 08 2006 OFFICE OF PETITIONS
--	--	--	--	---	--	---

[illegible]

Examiner Signature		Date Considered	3/31/06
-----------------------	---	--------------------	---------

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

² Applicant unique citation designation number (optional). ³ Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14.